



THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Timothy J. Davis )

Application No.: 10/083,600 )

Group Art Unit: 2812 )

Filed: February 27, 2002 )

Examiner: Simkovic )

For: INTERGRATED LARGE AREA )  
MICROSTRUCTURES AND )  
MICROMECHANICAL DEVICES )

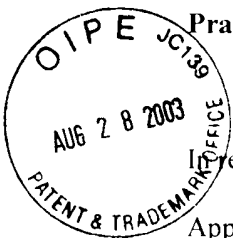
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**RESPONSE TO OFFICE ACTION**

Honorable Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action dated June 11, 2003, please amend the subject  
application as follows:



Practitioner's Docket No. BIN-2

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Timothy J. Davis

Application No.: 10/083,600

Group No.: 2812

Filed: February 27, 2002

Examiner: Simkovic

For: Integrated Large Area Microstructures and  
Micromechanical Devices

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313

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Patent & Trademark Office

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

|  | (Col. 1)                                  | (Col. 2)                             | (Col. 3)         | SMALL ENTITY |               |  |       |
|--|---|--------------------------------------|------------------|--------------|---------------|--|-------|
|  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST NO<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE         | ADDIT.<br>FEE |  |       |
| TOTAL  | 29  | - 23                                 | = 6              | x \$         | 9 = \$        |  | 54.00 |
| INDEP.   | 5   | - 6                                  | = 0              | x \$         | 42 = \$       |  | 0.00  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                      |                  | + \$         | 0.00 = \$     |  | 0.00  |

|                      |            |          |
|----------------------|------------|----------|
|                      | TOTAL      |          |
|                      | ADDIT. FEE | \$ 54.00 |
| <hr/>                |            |          |
| Total fee for claims |            | \$54.00  |

**FEE DEFICIENCY**

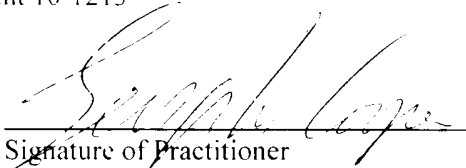
5. If an additional extension fee is required, charge Account No. 10-1213.

If an additional fee for claims is required, charge Account No. 10-1213.

Please credit any overpayment to Deposit Account 10-1213

Date: August 28, 2023

Reg. No.: 20201  
Tel. No.: 703-415-1500

  
Signature of Practitioner

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